

CAREGIVING AND MENTAL HEALTH

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MENTAL HEALTH OF THE CAREGIVER

Three areas in which caregiver self-confidence influences the caregiver's mood and well-being:

- Ability to handle needs and behavioral management problems of the patient
- Ability to have some personal life and social support
- Ability to handle thoughts and feelings related to stresses of the caregiving situation

- Examples in the MH Caregiver tape of each category

CAREGIVING FOR PATIENTS WITH MH CONCERNS

- Not a simple issue
- Some patients have sufficient behavioral problems that they need someone who would be designated a “caregiver”
- Most do not, but they do need family involvement, family support, and family participation in treatment planning and implementation

BALANCING CAREGIVING WITH PATIENT SELF-MANAGEMENT

- Shift in conceptualization of MH care to a model of Psychosocial Rehabilitation with expectations of functional Recovery

PSYCHOSOCIAL REHABILITATION

- **The fundamental principle underlying rehabilitation is that recovery is possible and involves the attainment of life goals beyond symptom management in such domains as employment, schooling, housing, relationships, etc.**
- **Rehabilitation activities aim to assist an individual to define, achieve, and maintain that goal.**
- **Psychosocial rehabilitation is the application of rehabilitation principles and practices to individuals with serious mental illnesses**

Goal of Psychosocial Rehabilitation

- **All veterans with disabilities have rehabilitation potential, i.e., a maximum degree of self-sufficiency that can be attained through psychosocial rehabilitation services that focus on strengths, needs, abilities, and preferences, rather than on illness and symptoms.**
- **Self-sufficiency is determined by the veteran and not by the organization.**

ROLE OF “CAREGIVER” IN MH PSYCHOSOCIAL REHABILITATION

- For veterans with Serious Mental Illness, there may be periods of heightened symptoms, where a family member (or other significant support) will need to take greater responsibility for decisions and safety

- The family member must fluidly be able to retreat from that stance to allow patient self-management and personal responsibility, consistent with the Psychosocial Rehabilitation model
- This adds one more level of complexity for family members

- Ability to handle needs and behavioral management problems of the patient
- Ability to have some personal life and social support
- Ability to handle thoughts and feelings related to stresses of the caregiving situation
- Ability to move appropriately between stepping in to provide greater care episodically, within an overall framework of supporting maximum patient self-sufficiency